



Research Experience for Undergraduates Program

PURDUE UNIVERSITY * PHYSICS DEPARTMENT

LETTER OF RECOMMENDATION

Name of Applicant: _____

College/University: _____

Name of Faculty Respondent: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to inspect the recommendation given below with the understanding that it will be used only for purposes of consideration for participation in an undergraduate summer research program.

Signature of Applicant: _____

Note to Respondent: _____

We would appreciate your opinion of the applicant named above. We are interested in how long and how well you have known the applicant, in your impression of the applicant's initiative, intellectual power, perseverance, resourcefulness, experimental skill, ability to organize, and the applicant's potential for graduate study.

Signature of Respondent _____

Position of Respondent: _____

Telephone Number of Respondent: _____

Mail to:

REU Program
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